

"THIS DISEASE IS BEYOND MY PRACTICE."

AN ADDRESS

BY

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AT THE

MEDICAL COMMENCEMENT

OF THE

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The doctor and "the waiting gentle woman" watched in the ante-chamber of the sick Queen. The scene, which I speak of, is laid a long time ago. The saintly Edward the Confessor sits on the throne of England and Macbeth, with desperate, bloody hand, grasps the sceptre of Scotland. The sick chamber is bare and comfortless, for the abodes of Kings in those times and those then rude countries of Northern Europe lacked the comforts and conveniences of domestic life now common in the house of the mechanic and the cottage of the laborer; and this Castle of Dunsinane, destined next day to witness the "equivocation of the fiend that lies like truth", this Dunsinane where "hang out the banners on the outward walls", this Dunsinane which was to witness the startling onset of Birnam Wood, may have been a tolerable abode for the well and the strong, but was a dreary place for a sick woman, were she Queen or beggar.

For the gentle woman, who watches the sick Queen, this is the last—as it turns out—of many nights of vigil by her bedside; for the doctor, who watches with her, it is the second. Being the second and there being as yet no manifestation of the disorders which he has been called in to observe and prescribe for, he begins to doubt their existence. This old time doctor has always commanded my esteem, especially by the honest utterance, to which I shall presently call your attention, but partly, also, by the plain, non-technical language, so grateful to the layman, in which he discusses the Queen's symptoms. While he is in the midst of this simple talk, all doubts that he has previously entertained of the existence of her disorder, are set at rest; for there, in her night dress, holding a taper, "fast asleep," her "eyes open," "but their sense shut," she stands before them, seeming to wash the small white hand, which "all the perfumes of Arbaia cannot sweeten," and uttering broken—and heart-broken—sentences, full of dark allusions to the night of horror, in which her ruin commenced. Then it is that this good honest doctor exclaims: "This disease is beyond my practice." I take this sentence as the suggestion of a few thoughts, for which I claim no higher value than for a mere placebo.

It was not strange that the doctor pronounced this disease beyond his practice. At least it was not strange that he thought it so, however faithless he may have been to the traditions of his profession, in making this open confession of

failure. Not strange, for, in the first place, at any stage of medical science, this would have been a hopeless case. It would have been not less so in the nineteenth century, and at the Hotel Dieu, in Paris, than it was in the eleventh at dreary and battle leaguered Dunsinane. For the Queen had poisoned the springs of life. She had planted in her breast "a rooted sorrow." She had aroused the furies and now they took their place upon the midnight pillow.

"More needed she the divine than the physician."

Remorse, for which there is no specific, had done its work on the delicate tissues of the brain, and the physician of any age, from Esculapius to Brown-Sequard, could only recognize in her case a ruin.

But even if the case, instead of being one of this universal and panchronous hopelessness, had indeed been one with which modern medical science deals with ease and success, in all probability our honest Macbethian doctor would still have found it beyond his practice. If this good doctor had been in Spain, he would not, perhaps, have so soon pronounced disease in general beyond his skill. The Moors, who conquered that country, were at that period of history the most enlightened and learned people in Europe. In medicine no less than in everything else in the nature of science, these Orientals were far in advance of the people of the West. Had our good old doctor been a turbaned Moor, he would not have been brought so early in an ordinary case to the confession of the text. But being only a Scot of the period, his learning and science soon came to an end. For Britain was like the rest of Europe, Spain excepted, rude and ignorant, and medicine which, in all times and countries, has borne some direct ratio to general learning, was in a very low state. Besides, while there is no evidence that our excellent Macbethian doctor was in religion any thing except a layman, as a fact, most of the practitioners of medicine were priests and monks, and prayers and saints were more in demand at the bedside of the sick than prescriptions and sinful doctors. What bleeding and a very limited materia medica could not remedy some relic of a saint might cure; but if the relic was of like inefficacy, the monkish practitioner of this system of medicine must then prepare to do what confession and shrift could do for the parting soul. Soon, ah! very soon, in those good old days, did the fine old doctor reach the end of his art. With anatomy still oppressed by the idea that it was sacrilegious to dissect a human body; with the circulation of the blood not discovered;

with the theory of respiration not understood; with a very limited known *materia medica*; with chemistry unstudied, except as the means of discovering the philosopher's stone—in a word, with dense ignorance on every subject relating to medicine, there was little for the doctor to do but to bleed, to bleed after the fashion of the time; to look wise after the manner of his brethren of all times, and very early in his case, unless the *vis medicatrix* triumphed over disease and remedy alike, to make the confession, at least to his own heart, that the disease was beyond his practice.

Returning to this utterance of our good doctor, I desire to say of it in all sincerity, and without any admixture whatever of sarcasm, that he ought not to have made this confession under ordinary circumstances. It did no harm on this particular occasion, for the patient, whom it might have injured, was beyond its reach, both by reason of the general hopelessness of her case and by her particular state at the time of insensibility to actual surroundings. To make such a confession to a conscious patient would be unpardonable. Its logical sequence would be the abandonment of the field, where the rival forces of disease and health are contending. To do so is to dismiss the strongest ally of physician and patient—hope—and to reinforce the enemy with the cohorts of despair. And thus, when the physician seats himself by the couch of his patient, his first duty is to question pulse and tongue, and all other witnesses of his patient's condition, what that condition is; and also a part of that duty is, though he may doubt, though he may question in vain, to assume a tone of certainty. And when he tells his patient with confidence that there is a spot, which he locates with nicety one inch from the lower part of the left lung, and a half an inch from some other point, the size of a silver dime, inflamed to a certain shade of redness, which he also specifies, and that it is the inflammation of this spot which has given his patient fever and made him reflect upon his sins, and think of putting his house in order; when he does this so unfalteringly and with such an air of quiet confidence that the patient for the time attributes to him the eye of a lynx, and feels satisfied, that though he is himself desperately ill, here at least is a man who knows to the nicety of a hair what is the matter with him; this excellent physician is not playing the charlatan. He is simply holding a line of battle, presenting a brave and confident front until the dispositions of the enemy can be accurately ascertained. He may not prescribe and treat on the line of his confident assurances, but he will put out his skirmish line of placebos and develop the

enemy. In the meantime he does right to pretend to know all about the disease and what is to be done. What good general ever on the eve of battle expressed to his soldiers doubt or apprehension of the result? He may feel his own weakness and know his enemy's strength. He may at the moment be prudently preparing for defeat and planning retreat, but his ringing battle orders speak only of advance and victory.

I may appear to treat the occasion too lightly. But, indeed, such is not my intention. I recognize thoroughly that levity would be singularly out of place in addressing those, whose experience with the suffering side of human life is about to begin. I do not forget how much of the time of the good physician is spent in the solemn border land between life and death—the land of the valley and the river. I remember how often he descends into the misty, shadowy region neither all of life nor all of death—but partly of both—that region where the every day sounds of this life seem far off and low, and where the listening ear seems to hear, faintly at least, the waves beating on the other shore. I recollect to him suffering and anguish in every form are frequent companions. That while mingling like other men with his fellow-men, his pathway is thronged with mournful shades. I know that the cry of distress is a sound in his ears as ceaseless as that which breathes faint and low, but forever, in the concave shells of ocean. I cannot forget that the day which dedicates you to such a life, hallowed by the atmosphere of suffering in which it is to be spent, ennobled by the labors and anxieties which it is to endure, is no time for jest or levity, even if the subject might provoke it. And standing face to face with the life, which opens to the faithful, earnest physician, I would lose sight of all the provocations to satire, which might be presented by the blunders and absurdities of the profession in past ages, or the solemn pretention to superhuman wisdom sometime observed in the present; and I would readily adopt the serious tone appropriate to this occasion.

In that tone, and returning to what I call my text, the next reflection suggested by it is: How much less often now is the physician driven to this despairing utterance even to his own heart. Since those old days, when our good doctor confessed the end of his skill, stupendous have been the advances in all departments of scientific learning. No branch of learning has outstripped medicine. The human intellect, whose triumphs have reproduced the age of miracles, has shone nowhere more brightly than in the science and practice of medicine. It would be presumptuous in me, a layman,

addressing professional men in reference to their own profession, to undertake to speake minutely of the causes and results of this wondrous change. I can speak but in general terms. The ignorant empiric of old has given place to the man of science; *materia medica* grown from a few simples to proportions co-extensive with the vegetable and mineral world. The knowledge of anatomy changed from the assumed analogy between frames of the lower animals and man's to accurate knowledge of the human organization itself. Pain and physical anguish, the fell destroyers of thousands, whom the disease itself would have spared, conquered by blessed anesthetics. Multitudes of disorders cured by surgical operations, then not ventured, or by remedies not then known. And as the result of these changes, and of others more numerous and more vast, which you know better than I do, the material lengthening of the average human life. If I might venture an opinion touching the accomplished, and a speculation in reference to the prospective, I would say that the triumphs already achieved and the hope of conquests yet to be made depend most of all upon those things that relate to diagnosis. Am I not right in thinking that all the means, scientific and mechanical, which enable the physician to see, actually to see, the seat of the disease, to hear, aye actually to hear, the language of the afflicted organ, are immense gains in the practice of the healing art? It is one thing to stand outside the living human frame and conjecture what may be its hidden disease, and quite another to see, by the aid of medical inventions, the disorder no longer hidden. Put yourselves back along with your brethren of former times, who had not the speculum, the stethoscope, ophthalmoscope, or the auroscope, to whom the interior of the living human organism, for lack of these, was wrapped in impenetrable darkness; for whom the heart and the lungs were dumb, or spoke only in muffled tones; and consider your immense advantage. It is the advantage of certainty over conjecture, of knowledge over guessing—the advantage of the sure evidence of eye and ear over the uncertain results of fallible reasoning—it is such inventions as these, that showing the physician where and what is the trouble, enable him to deal intelligently with it. But while these are vast strides, after all how far short of the exigencies of the case do they stop. The greater part of the human frame is still impenetrable to the eye of the physician so long as it lives. That life, which it is the object of the physician to save, stands an impregnable fortress in his path, when he seeks to penetrate the lurking places of the enemies of life. All the aid of the

stethoscope, what is it? The physician hears the rush of the stream of life; he sees it not. The traveler hears in the distance the flow of waters, and knows that whence it comes some majestic river is coursing towards the sea, but not until he approaches and stands upon its banks, will he see its breadth and understands its depth, and know what pleasant islands or what rugged rocks obstruct its course; whether its waters flow clear and limpid or roll along muddy and turbid. With the aid of this same invaluable stethoscope, the physician can hear the passage of air through the lungs, but he cannot see the trace it leaves. He is as one walking abroad, who hears in the distance the sweep of the wind and the noise of the waves, but not until he approaches the coast and casts his eye abroad over the sea, will he know whether it be a gentle breeze whispering to the wave and the wave kissing the pebbly beach, or the rushing of the gale and the roar of the breakers. And so medical science should not relax its researches until that which is now only heard with the ear shall be seen also with the eye. And is there anything wild in this suggestion? Already through the stethoscope the heart has given up its secrets and the lungs have whispered their tale of life or death to the listening ear. Already the brain has revealed through the ophthalmoscope some of its mysteries to the searching eye. And the auroscope has found a clue even to the intricacies of the ear, though they be complex as the labyrinth of Crete. Have the stethoscope, the ophthalmoscope and the auroscope, exhausted the inventive mind? Do these triumphs of science mark also the limits of science? And is it wild to anticipate that some new application of the laws of light, some new wonder of electricity, some agent, old or new, may yet reveal to the eye of the physician the now hidden wonders of the living frame, so that they will be seen as a man sees the face of his friend? Every daily newspaper reveals a greater marvel. One man sits in his office at Washington—there comes flashing to him this message from a peak in the Rocky Mountains: The snow is falling thick and fast along the mountain sides. From the great lakes comes another: A mighty wind is rushing from the Northwest to the Southeast, whose breath is icy. The Atlantic sends up from its coasts a notice of fog and mist. The Gulf makes signal of rain. Our own Georgia, perhaps, sends a joyous greeting of clear skies and soft, light winds; and Florida takes up the refrain, "fair and still," "still and fair." And to this man, receiving these messages, the future, hitherto wrapped in more impenetrable darkness than the hidden parts of the liv-

ing human frame, is revealed; and the march of the elements, hitherto less understood than the progress of disease, is spread out before him, and back goes the message to this place: Display storm signals and let the ships ride at anchor. To this other: Let the barque sail with the assurance of sunny seas and favoring winds. In advance of the icy blast speeds the warning to the farmer: Seek shelter for your flocks and herds; while, in another direction, wings the message: Drive your teams afield under a clear sky and amid the whispering of Spring. Seeing the wonderful triumphs of the human intellect, is it extravagant to anticipate a not distant day when all parts of the living human frame will lie bare to the eye of the physician. Then, knowing for a certainty what the disease is, how seldom he will have occasion to say: "This disease is beyond my practice."

But the discoveries of science, the triumphs of mechanism, may be what they may be in aid of the healing art; but one disease will continue to be beyond the practice of the most skillful physician. This so-called disease is death. We listened, yesterday, with delight to a discourse delivered by the honored Dean of the Faculty, which proceeded on the highest planes of thought, was enriched by the stores of profound learning, and swept along in the strains of the purest diction. Its theme was the Persistence of Life. We have no occasion to oppose these grand speculations. This rapt vision of the philosopher may be realized, but death of that human frame, which is the field of the physician's labor, will continue. The forces of life may persist in another form; but this vision of the philosopher does not contemplate a time when the forces of life shall be so understood that their exhaustion in the human frame may be prevented; that the seat of life will be so well ascertained that it can be effectually guarded. It does contemplate that this human frame shall still, like the house of the chambered nautilus, be left "an out-grown shell by life's unresting sea." Nor need we contend with the theologian, who teaches that death came by sin, and cry out in unbidden doubt: The birds of the air, the songsters of hedge and grove, when sinned they? And yet, do their pinions never fail and do their voices not cease their sweet notes forever? By what deadly impurity did the violet and the lilly, the jasmine and the rose, forfeit their pristine immortality? When did the falling leaf become the solemn declaration that all nature had sinned? It is enough. Philosophy and theology alike recognize the continuance of death. But why call death disease? Why regard it otherwise than birth itself? They are both

stations in the existence of that mystery, which we name man. Death marks the separation between the living and "those other living whom we call the dead." Premature death is disease. The buds, which put forth today to greet the first morning of Spring, may in their immaturity meet a chilling frost, wither, decay and die. This is disease. But the rose which opens to the April sky and blooms in all its beauty, and sheds all its fragrance on the vernal air, and in due time scatters its last leaves upon the ground, is not the victim of disease. It has filled to the full the measure of its being. And so with the wonderful human frame. There is hope that, with the progress of knowledge, no disease, which shortens its due existence, will be beyond the practice of the physician. But that which marks its termination—as the falling rose leaf whispers that the perfect mission of the rose is accomplished—will be alike for philosopher, theologian and physician, ever "beyond his practice."

